

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 4 — 1 6

2. STATE:

Maryland

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID) MedicaidTO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 0

b. FFY 2005 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

~~Supp 1 to Attachment 2.6A, Appendix I~~
Supp 13 to Attachment 2.6-A, page 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supp 1 to Attachment 2.6A, Appendix I
(03-11) - Delete

Supp 13 to Attachment 2.6-A, page 1 (02-11)

10. SUBJECT OF AMENDMENT:

Specifies the Department of Human Resource's increase in its income cap for Temporary
Cash Assistance as of the requested effective date of 10/1/03.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Susan J. Tucker, Executive Director
Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Nelson J. Sabatini

13. TYPED NAME:

Nelson J. Sabatini

14. TITLE: Secretary, Department of Health and
Mental Hygiene

15. DATE SUBMITTED:

November 6, 2003

16. RETURN TO:

Susan J. Tucker, Executive Director
OHS - DHMH
201 W. Preston St., Rm 127
Baltimore, MD 21201**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

Nov 10, 2003

18. DATE APPROVED:

FEB 03 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

Mary T. McSorley

21. TYPED NAME:

Mary T. McSorley

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's He

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MARYLAND

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State Plan effective July 16, 1996:

 Pregnant women with no other eligible children.

 AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

 In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.

 X In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications:

 The agency applies lower income standards which are no lower than the AFDC standards in effect May 1, 1988, as follows:

 X The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows*:

Family size	Amount
1	\$213
2	\$376
3	\$477
4	\$577
5	\$668

*The allowable income levels are revised each year based on adjustments to the USDA Food Stamp allotments that are in accordance with each year's new Thrifty Food Plan. These income levels are used for the Section 1931 Medicaid group. The State targets these income changes to be at least 61% of the established Minimum Living Level, a State income scale; but the Governor may limit, delay, or cap the increases.

TN No. 04-16

Supersedes

TN No. 02-11

Approval Date FEB 03 2004 Effective Date: Oct.1,2003